

Dec 04 2006 1:19PM

Law Office of Michael A. Blake

RECEIVED
CENTRAL FAX CENTER

P. 1

DEC 04 2006

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number	10/764,392
Filing Date	December 4, 2006
First Named Inventor	Joseph Spadola Jr.
Art Unit	3748
Examiner Name	not assigned
Attorney Docket Number	MAVEN-0007

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

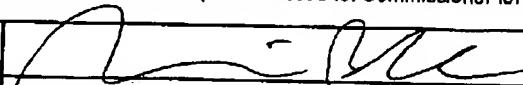
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Michael A. Blake		
Signature			
Printed name	Michael A. Blake		
Date	December 4, 2006	Reg. No.	42,333

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Michael A. Blake

Date December 4, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Received Fax

Nov 28 2006 9:54PM

Fax Station : Law Office of Michael A. Blake

11/28/2006 20:38 2019437386

**RECEIVED
CENTRAL FAX CENTER**

DEC 04 2006

PAGE 01

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/784,392
Filing Date	10/23/2004
First Named Inventor	Joseph Spadola Jr.
Title	Pump Control and Management System
Art Unit	3740
Examiner Name	Unknown
Attorney Docket Number	MAVEN-0002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioner associated with the Customer Number:

60010

OR

 Practitioner(s) named below:

Name	Registration Number

as my/bur attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

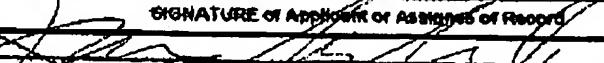
OR

<input type="checkbox"/>	Firm or Individual Name
Address	
City	State
Country	Zip
Telephone	Email

I am the:

 Applicant/Inventor. Assignee or record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE OF APPLICANT OR ASSIGNEE OR RECORD

Signature		Date	11/28/06
Name	Joseph Spadola Jr.	Telephone	201-943-8166
Tide and Company			

NOTE: Signatures of the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.39. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestion to reduce this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1650, Alexandria, VA 22313-1650. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS; SEND TO: Commissioner for Patents, P.O. Box 1650; Alexandria, VA 22313-1650.

If you need assistance in completing the form, call 1-800-PTO-8189 and select option 2.

**RECEIVED
CENTRAL FAX CENTER**

DEC 04 2006

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0631-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/764,392
Filing Date	01/23/2004
First Named Inventor	Joseph Spadola Jr.
Title	Pump Control and Management System
Art Unit	3746
Examiner Name	unknown
Attorney Docket Number	MAVEN-0007

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

50010

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

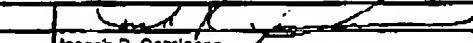
Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.79(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Nov. 18 - 2006
Name	Joseph R. Damiano	Telephone	201-444-5872
Title and Company	V.P. Marketing		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NO. 832 P: 2

NOV. 28, 2006 4:20PM 2015995884

Faxed from ABLE COPY

NOV-26-2006 11:04

P.01

PTO/SB/61 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/764,382
Filing Date	01/23/2004
First Named Inventor	Joseph Spadola, Jr.
Title	Pump Control and Management System
Art Unit	3746
Examiner Name	unknown
Attorney Docket Number	MAVEN-0007

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

50010

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PT/NSB/66)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Dorothy Palusz</i>	Date	11/29/06
Name	Anthony Palusz	Telephone	(732) 240-1658
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representative(s)) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.12. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
PATENT AND TRADEMARK OFFICE
COP